

**DEPARTMENT OF VETERANS AFFAIRS AND  
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
HUD COMMUNITY PLANNING AND DEVELOPMENT  
HUD HOUSING - FEDERAL HOUSING COMMISSIONER**

**REQUEST FOR VERIFICATION OF DEPOSIT**

**PRIVACY ACT INFORMATION:** This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor for mortgage for mortgage insurance or guaranty or as a borrower for a rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give us this information, but, if you do not, your application for approval as a prospective mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 et seq., (if HUD/FHA); and by 42 U.S.C., Section 1452b (if HUD/CPD).

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**INSTRUCTIONS**

LENDER OR LOCAL PROCESSING AGENCY: Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to the Depository named in Item 1. DEPOSITORY: Please complete Items 10 through 15 and return DIRECTLY to Lender or Local Processing Agency named in Item 2.

**PART I - REQUEST**

1. TO (Name and Address of Depository)	2. FROM (Name and Address of Lender or Local Processing Agency)
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**I CERTIFY THAT** this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. SIGNATURE OF LENDER OR OFFICIAL OF LOCAL PROCESSING AGENCY	4. TITLE	5. DATE	6. LENDER'S NUMBER (Optional)
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**7. INFORMATION TO BE VERIFIED:**

TYPE OF ACCOUNT AND/OR LOAN	ACCOUNT / LOAN IN NAME OF	ACCOUNT/LOAN NUMBER	BALANCE
			\$
			\$
			\$
			\$

TO DEPOSITORY: I have applied for mortgage insurance or guaranty or for a rehabilitation loan and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your offices.

8. NAME AND ADDRESS OF APPLICANT(S)	9. SIGNATURE OF APPLICANT(S)
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**TO BE COMPLETED BY DEPOSITORY**

**PART II - VERIFICATION OF DEPOSITORY**

**10. DEPOSIT ACCOUNTS OF APPLICANT(S)**

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE FOR PREVIOUS TWO MONTHS	DATE OPENED
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**11. LOANS OUTSTANDING TO APPLICANT(S)**

LOAN NUMBER	DATE OF LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	INSTALLMENTS (Monthly/Quarterly)	SECURED BY	NUMBER OF LATE PAYMENTS WITHIN LAST 12 MONTHS

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS: (Please include information on loans paid-in-full as in Item 11 above)

13. SIGNATURE OF DEPOSITORY OFFICIAL	14. TITLE	15. DATE
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The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.